

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra J. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:40

DOCUMENT # 703884 (7)

1. Corporation Name  
GREATER JACKSONVILLE CHAPTER OF SPEBSQSA, INC.

Principal Place of Business Mailing Address  
2212 FLEET LANDING BLVD ATLANTIC BEACH FL 32233 US  
2212 FLEET LANDING BLVD. (see below) ATLANTIC BEACH FL 32233 US

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified 04/12/1962  
3a. Date of Last Report 04/07/1994  
4. FEI Number 59-6173071  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26 2212 Fleet Landing Blvd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28 Atlantic Beach, FL  
Zip Country Zip Country  
24 25 29 32233 30 DUNAL

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
LATTA, T. F.  
2212 FLEET LANDING BLVD.  
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Thomas F. Latta, Treasurer, Director* DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | SD                       | 1.1 TITLE   | 1 <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME                       | SMOYER, C.W.             | 1.2 NAME  |   |
| STREET ADDRESS             | 401 DRIFTWOOD ROAD       | 1.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | NEPTUNE BCH FL           | 1.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | PD                       | 2.1 TITLE   | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VIGGIAND, F.E.           | 2.2 NAME  | Stein, Howard J.  |
| STREET ADDRESS             | 10602 CASA GRANDE DRIVE  | 2.3 STREET ADDRESS                                    | 8974 Yarmouth Rd.   |
| CITY-STATE-ZIP             | JACKSONVILLE FL          | 2.4 CITY-STATE-ZIP                                    | Jacksonville, FL 32217  |
| TITLE                      | D                        | 3.1 TITLE   | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PATERSON, J.D.           | 3.2 NAME  | Wish, James R.  |
| STREET ADDRESS             | FOUNTAINS #51 A1A N      | 3.3 STREET ADDRESS                                    | 5110 Fleet Landing Blvd   |
| CITY-STATE-ZIP             | PONTE VEDRA BCH FL       | 3.4 CITY-STATE-ZIP                                    | Atlantic Beach, FL 32233  |
| TITLE                      | TD                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | LATTA, T. F.             | 4.2 NAME  |   |
| STREET ADDRESS             | 2212 FLEET LANDING BLVD. | 4.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | ATLANTIC BCH FL          | 4.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | D                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | ALLEN, G.W.              | 5.2 NAME  |   |
| STREET ADDRESS             | 2547 HYDE PARK RD.       | 5.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | JACKSONVILLE FL          | 5.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | D                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | COLVIN, L.P.             | 6.2 NAME  |   |
| STREET ADDRESS             | 3550 SPRING PARK RD.     | 6.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | JACKSONVILLE FL          | 6.4 CITY-STATE-ZIP                                    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *T. F. Latta, J. F. Latta* DATE: 1/25/95 (90A) 219 1A-2.3